

Pohnpei Scholarship
P.O.Box 250
Kolonia, Pohnpei FM 96941

Scholarship Application Information

I. Purpose: The primary purpose of the Pohnpei Scholarship is to encourage Pohnpei citizens to pursue a post high school education. Any Pohnpeian citizen who is a high school senior, or a currently enrolled college student, or high school graduate (or GED) and is accepted to attend an accredited of higher education during the upcoming academic year will be considered

II. NUMBER OF SCHOLARSHIPS AMOUNTS & LIMITAION ON AWARDS:

Scholarship up to an amount of “X” will be awarded, with precise amount varying due to number of eligible applicants and the amount of funds allocated to the scholarship program.

Each scholarship awarded is limited to “X” per semester. Funds will be distributed on a semester basis, in the name of the student and the school, and may be used only for valid school related expenses. Before any scholarship funds will be released for payment of second semester school related expenses, each scholarship recipient must submit to Pohnpei Scholarship his/her grade report (transcript) for the first semester and this must be received by Pohnpei Scholarship by December 30.

III. ELIGIBILITY:

Any Pohnpeian citizen is eligible to apply, provided he/she will be, at the time of award, a high school graduate (or GED recipient) enrolled or attending, or accepted to attend, an accredited institution of higher education during the school year.

To maintain eligibility to receive scholarship funds for the entire academic year, a recipient must be a full time student enrolled in a degree program and must make academic progress toward his/her degree by successfully completing a full time course load each semester that scholarship funds was received. Upon receipt, grade report (transcript) for each semester must be sent to:

Pohnpei Scholarship Office
P.O.Box 250
Kolonia, Pohnpei FM 96941
Email Address: mdonre@pohnpei.doe.fm

Students attending institutions where the academic year is based on a system other than the semester system (e.g., a “term” system) must be enrolled for the equivalent of a full academic year at the institution.

IV. INITIAL QUALIFICATION

1. **Applicant** must be a legal resident and **citizen of Pohnpei**
2. **Applicant** must be **accepted or currently enrolled** in an undergraduate and graduate level of studies in an **accredited of higher education**.
3. **Applicant** must show **proof of attendance** at or **admission into an undergraduate and graduate collegiate program on a full time basis**: minimum of twelve (12) credits or more at undergraduate level, minimum of nine (9) credits or more at graduate level
4. **Applicant** must be in **good academic standing** at his/hers institution of attendance, with a **minimum cumulative grade point average of 2.50 or its equivalent for undergraduate and a minimum cumulative grade point average of 3.0 or its equivalent for graduate**.
5. **Applicant** must **submit a formal application** (see Pohnpei Scholarship Application form attached) **with all required documents and letters of recommendations** attached
6. An application containing **false, misleading or incomplete information will be disqualified**.
7. **Applicant** must affirmatively **show the need for financial assistance** in pursuing higher education

V. APPLICATION DETAILS & DEADLINE:

1. To be considered, the Scholarship Office must receive the application and the following additional documents no later than June 30 for Fall semester and December 30 for Spring semester:
 - A. Acceptance letter
 - B. Latest transcript
 - C. Copy of Birth Certificate or Passport (new student only)
 - D. Three (3) recommendation letters (preferably from teachers, counselors, school administrators or religious leaders)
2. Scholarship application form must be filled in completely and accurately in the applicant’s own handwriting or typewritten, put N/A in blanks which do not apply. The completed form consists of :
 - A. Personal Information
 - B. Parent Information
 - C. Education Information
 - D. Financial Information
 - E. Reason for Seeking Training

F. Certification

3. It is the applicant's responsibility to insure that the prospective educational institution completes Part D1 & D2 and Part F.2 of the Scholarship application
4. Please remember that all mail service to/from Pohnpei can take two weeks or more, even within FSM. Applicants should plan accordingly. Please send the application plus all other required information to:

Pohnpei Scholarship Office
P.O.Box 250
Kolonias, Pohnpei FM 96941

VI. REVIEW & APPROVAL:

The Scholarship Coordinator will do the initial screening of applications and present to Board of Education for final review and approval. All applicants; awarded, not awarded, will be notified immediately by the Scholarship Coordinator

For further information, please contact our Scholarship Office

- ✓ Pohnpei Scholarship Office
P.O.Box 250
Kolonias Pohnpei FM 96941
Telephone: 320-2103
Email Address: mdonre@pohnpei.doe.fm



POHNPEI STATE GOVERNMENT

Department of Education
 Post Office Box 250
 Kolonia, Pohnpei State, FM
 Tel: (691) 320-2102/2103
 Email: mdonre@pohnpei.doe.fm

IMPORTANT
 Deadline for submission:
 Fall—June 30
 Spring—December 30

A. Personal Information

Family Name	Given Name(s)	Municipality
<input type="text"/>	<input type="text"/>	<input type="text"/>
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age: <input type="text"/>

Date of Birth (dd/mm/yy):	Place of Birth:	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>
Social Security #:	Mailing Address:	E-Mail Address: <input type="text"/>
FM <input type="text"/>	P.O.BOX <input type="text"/>	Telephone <input type="text"/>
U.S <input type="text"/>	City <input type="text"/>	Fax <input type="text"/>
	State <input type="text"/>	If Married, Name of Spouse: <input type="text"/>
	Zip Code <input type="text"/>	No. of Dependents <input type="text"/>
		Spouse Income: <input type="text"/>

B: Parent/Guardian Information

Father's Name & Address:	Father's Employer: Name & Address:	Father Annual Income:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Name & Address:	Mother's Employer: Name & Address:	Mother Annual Income:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian Name & Address:	Guardian's Employer: Name & Address	Guardian Annual Income:
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Education Information

Name & Address of Secondary Attended:	Name & Address of Post Secondary Institution where Financial aid will be use:
Applying to enter: <input type="text"/> Admitted: <input type="text"/> Academic Year: <input type="text"/>	Date Transcript Requested : <input type="text"/> Date by which aid requested: <input type="text"/>
Name & Address of School Official who should be notified of the amount and term of your financial aid:	<u>College standing at time financial aid will be used:</u> Fresh ____ Soph ____ Junior ____ Senior ____ Date of Graduation <input type="text"/> Cumulative Grade : <input type="text"/> Grade point Average
<u>Date Term:</u> Begin: <input type="text"/> End: <input type="text"/> Expected date of Graduation: <input type="text"/>	<u>Period of Study:</u> Fall : ____ Spring: ____

Proposed Study Program (Level of Study)

- Undergraduate Degree Vocational Training - Diploma/Certificate
 Master (research)
 Masters (course work) Postgraduate

Proposed Study Program (Intended Degree of Study)

Level(Undergraduate/Post Graduate)	Intended Degree of Study	Major (Specific Focus)

D. Financial Information

D.1 Estimated Education Expenses per Academic Year

Testing	Fall	Spring	Total
School Tuition Fees			
Books and School Supplies			
Room & Board			
Personal Expenses			
Transportation Expenses			
Other Expenses (Specify)			
Total Education Expenses (sum of fall and spring)			

D.2 Estimated Financial Aid Assistance per Academic Year

Personal Funds (cash, saving, etc)	Fall	Spring	Total
Private Loan			
Earning While in School			
Parental Support			
Spouse's Support			
Others (specify)			
Federal Pell Grant (place X if applied)			
Federal Work Study Program			
Total Financial Assistance Aid Available			
Amount of Financial Assistance required to meet Educational Expenses			

OTHER FINANCIAL AWARDS (SCHOLARSHIPS, LOANS & OTHERS) AND SOURCES

Note: The applicant must list all of his /hers sources and amounts and enter below:

1. Name/Title of Award	2. Name of Source	3. Amount	4. Fiscal Year

E. **Reasons for Seeking Training: (attach more pages, if required)**

How will the proposed training benefit your country?

What skills do you intend to learn from the proposed training?

F. CERTIFICATION BY APPLICANT & SCHOOL OFFICIAL REPRESENTATIVE(S)

F.1 STUDENT:

I, _____, hereby apply for financial Assistance in the amount of \$ _____ for Academic Year _____ under Financial Assistance sources from Pohnpei State Government and other sources to help meet my Educational Expenses. I have applied Aid to financial Assistance Program and from the Institutional Financial Aid Programs for which I am eligible.

Student Signature

Date

F.2 SCHOOL OFFICIAL REPRESENTATIVE:

I, the Director of Financial Aid or my designee, hereby certifies that the cost of attendance and the financial assistance provided in this application are, to the best of my knowledge and belief true and accurate.

Print Your Name

Signature

Title

Date

Seal of the
Institution

Address	Telephone	Fax	Email